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CONFIRMATION NO. 1892

<b>SERIAL NUMBER</b> 10/791,503	<b>FILING OR 371(c) DATE</b> 03/02/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 20634YCA	
<b>APPLICANTS</b> Robert K. Evans, Souderton, PA; David B. Volkin, Doylestown, PA;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/799,937 03/06/2001 ABN which claims benefit of 60/187,440 03/07/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/20/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Ben [Signature]</u> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 32	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 000210					
<b>TITLE</b> Adenovirus formulations					
<b>FILING FEE RECEIVED</b> 1392	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		